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				CLIEFO	RD J.	MASS	(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	NEY DOCKET NO.	CONFIRMATION NO.	
10/814,850	03/31/2004		Govindan Rajamohan		Ĺ	J 015118-6	5613	
TITLE OF INVENTION: 1	METHOD FOR OXYC	EN REGULATED PRO	DUCTION OF RECOMB	INANT STAPHY	YLOKINAS	SE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	<u></u>	\$1810	02/17/2009	
EXAMIN	IER I	ART UNIT	CLASS-SUBCLASS	1				
MEAH, MOHAMMAD Y		1652	435-069100	J				
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys I LADAS AND PARRY L or agents OR, alternatively,					
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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OUNCIL OF SC ecordation D	IENTIFIC A	ND INDUSTRIA	AL RESEARCH 04; Reel/Fra	me No.:	01645		111, 4	
	_	•	inted on the patent):				up entity Government	
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # o	of Copies		The Director is hereby overpayment, to Depo	authorized to chesit Account Num	arge the red	quired fee(s), any de enclose ar	ficiency, or credit any extra copy of this form).	
Change in Entity Statu	s (from status indicated	l above)						
a. Applicant claims			b. Applicant is no lon					
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